



Cardiovascular Development  
& Clinical Cardiology  
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Detroit, MI 48201

May 19, 2009

Federal Coordinating Council for  
Comparative Effectiveness Research  
Washington, DC

To Whom It May Concern:

In the United States, acute coronary syndrome and acute myocardial infarction account for more than two million hospital admissions per year. And in Michigan alone, the economic burden of cardiovascular disease is great - estimated at \$13.9 billion per year. At Harper Hospital, one of the nine Detroit Medical Center hospitals and institutes, we believe that rigorous comparative effectiveness research in the area of cardiovascular intervention will lead to enhanced patient outcomes, safety and satisfaction as well as a decrease in the cost of care.

How do we know this? If heart attack intervention is delayed by just 15 minutes, the 30-day death rate quadruples. The national standard for heart attack treatment is two hours, and myocardial infarction treated in this timeframe results in a 10-15% chance of death and 50-90% chance of having another event in one year. Moreover, heart attack sufferers who typically come to a hospital on nights, weekends, and holidays have a 2-3% higher mortality rate for heart-related illnesses.

Our CardioTeamOne Program for acute coronary syndrome patients features immediate invasive evaluation with catheterization, prompt intervention with percutaneous transluminal coronary angioplasty, medical therapy, or bypass, as appropriate, and often same or next day discharge. This approach cuts down length of stay and expenses, but, more importantly is SAFER.

Peter Orzak, the director of the Office of Management and Budget and the Presidential advisor for CER, has data in large studies of patients in New Jersey,

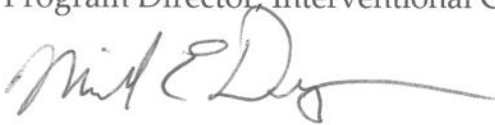
showing that a shorter length of stay is a safer length of stay, with enhanced quality - and it is cheaper. We fully endorse CER and hope that funding will be made available to compare the effectiveness of our acute coronary syndrome treatment modality with traditional approaches. Using our system-wide, extensive electronic medical records will allow us to collect a broader dataset of clinical and demographic information that have been previously unattainable in research and evaluation studies.

I would very much appreciate your attention in including this specific research area in the Federal comparative effectiveness research platform. It is certainly a topic that is aligned with the American Heart Association's principles of CER in that it 1) focuses on unambiguous, meaningful clinical end points and quality-of-life measures, and 2) will provide important information to guide decision making by patients and healthcare providers.

Sincerely,

A handwritten signature in black ink, appearing to read 'Theodore L. Schreiber', with a stylized, cursive script.

Theodore L. Schreiber, MD, FACC  
Professor of Medicine, Wayne State University School of Medicine  
Specialist-in-Chief, Cardiovascular Medicine  
President, DMC Cardiovascular Institute  
Program Director, Interventional Cardiology Fellowship

A handwritten signature in black ink, appearing to read 'Michael E. Duggan', with a stylized, cursive script.

Michael E. Duggan  
President and CEO  
Detroit Medical Center